

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967363	(X3) DATE SURVEY COMPLETED 09/28/2018
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8830 SW 196TH DRIVE CUTLER BAY, FL 33157	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint Survey (CCR #2018013192) was conducted on 09/06/2018 and concluded on 09/28/2018. Whispering pines Home Care Inc License #11423 had no deficiencies identified at time of the survey.